



Dart Aerospace Ltd.  
1270 Aberdeen St  
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Canada

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**D4882-041**  
**Job Sheet 187114**



Part No: D4882-041

Job Qty: 3 ea

Part Name: 206A/B Leg Assembly LH



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/28/18

Job Tracking No:

Due Date: 12/14/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV C SHEETS 1,2 IPP REV:A 13.12.17 NEW ISSUE DD VERF:JLM IPP REV:B 14.07.07 AS PER  
DWG REV.C DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 90    | Start up Operation | 3 Ea  |            | 12/14/18 | 0.00      | 0.00    | Start Up Small Fab-4  |           | DAS            |
| 110   | Small Fab          | 3 pcs |            | 12/14/18 | 0.00      | 2.21    | Small Fab-8           |           | NOV 29 2018 58 |
| 120   | QC                 | 3 pcs |            | 12/14/18 | 0.00      | 0.00    | QC5                   |           | DAS 9-89       |
| 130   | Small Fab          | 3 pcs |            | 12/14/18 | 0.00      | 2.21    | Small Fab-8           |           | 38 58          |
| 140   | QC                 | 3 pcs |            | 12/14/18 | 0.00      | 0.00    | QC5                   |           | 9-89 DAS       |
| 180   | Packaging          | 3 pcs |            | 12/14/18 | 0.00      | 0.00    | Packaging3-2          |           | DEC 12 2018 68 |
| 190   | QC21-SA            | 3 Ea  |            | 12/14/18 | 0.00      | 0.00    | QC21                  |           | DEC 12 2018 9  |

Part Op 110 - ALIGN PILOT HOLES IN D4882-1 WITH PILOT HOLES IN D4883-3 AND D4884-1. DRILL OUT EACH HOLES  
Descriptions: USING A PILOTED DRILL AS PER DWG. REAM EACH HOLES USING REAMER, USING DART TOOL SETUP DT9975  
AS PER DWG.  
130 - 1- INSTALL PIN/COLLAR AND END FITTING WITH HYSOL WHILE STILL WET AS PER DWG USE DT9975 A/R  
HYSOL BATCH: 5080765 2- LASER ENGRAVE ASSY PART# AS PER DWG

### Job BOM

| Part / Item               | Component Name   | Quantity      | Operation             | Container               |
|---------------------------|------------------|---------------|-----------------------|-------------------------|
| D4882-1 <sup>123</sup>    | Strut            | 3 Ea (1 ea)   | 90-Start up Operation | E158890                 |
| D4883-3                   | End Fitting      | 3 Ea (1 ea)   | 90-Start up Operation | 5121147X1. F 15866 7X2. |
| D4884-1                   | End Fitting, Eye | 3 Ea (1 ea)   | 90-Start up Operation | 5121172                 |
| HL32PB5-12 <sup>562</sup> | Hi-Lok Pin       | 12 Ea (4 ea)  | 90-Start up Operation | 5116810                 |
| HL86-5                    | Hi-Lok Collar    | 12 pcs (4 ea) | 90-Start up Operation | 5108576                 |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D4882-1        | 3        | 6         | 0         |
|                       | D4883-3        | 3        | 6         | 0         |
|                       | D4884-1        | 3        | 7         | 0         |
|                       | HL32PB5-12     | 12       | 110       | 0         |
|                       | HL86-5         | 12       | 161       | 0         |

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Container No: S133370



Part: D4882-041

Job No: 187114

Serial No/Batch: S133370

Revision:

Inspector:

Exp Date:

Instructions: Various STC's

Date: 11/29/18

### Part Specifications

Specifications could not be found.

Plex 11/28/18 7:05 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |                       |                                                 |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | OTHER : _____ |                       |                                                 |  |